

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24998

7590

09/22/2006

DICKSTEIN SHAPIRO LLP
 1825 EYE STREET NW
 Washington, DC 20006-5403



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10:790,849

03/03/2004

Kunio Moriyama

K2020.0003/P003

1916

TITLE OF INVENTION: PARTICLE BEAM THERAPY SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAYMENTS	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	01:00:1501 02:00:1504 03:00:1504 04:00:1504 05:00:1504 06:00:1504 07:00:1504 08:00:1504 09:00:1504 10:00:1504 11:00:1504 12:00:1504 13:00:1504 14:00:1504 15:00:1504 16:00:1504 17:00:1504 18:00:1504 19:00:1504 20:00:1504 21:00:1504 22:00:1504 23:00:1504 24:00:1504 25:00:1504 26:00:1504 27:00:1504 28:00:1504 29:00:1504 30:00:1504 31:00:1504 32:00:1504 33:00:1504 34:00:1504 35:00:1504 36:00:1504 37:00:1504 38:00:1504 39:00:1504 40:00:1504 41:00:1504 42:00:1504 43:00:1504 44:00:1504 45:00:1504 46:00:1504 47:00:1504 48:00:1504 49:00:1504 50:00:1504 51:00:1504 52:00:1504 53:00:1504 54:00:1504 55:00:1504 56:00:1504 57:00:1504 58:00:1504 59:00:1504 60:00:1504 61:00:1504 62:00:1504 63:00:1504 64:00:1504 65:00:1504 66:00:1504 67:00:1504 68:00:1504 69:00:1504 70:00:1504 71:00:1504 72:00:1504 73:00:1504 74:00:1504 75:00:1504 76:00:1504 77:00:1504 78:00:1504 79:00:1504 80:00:1504 81:00:1504 82:00:1504 83:00:1504 84:00:1504 85:00:1504 86:00:1504 87:00:1504 88:00:1504 89:00:1504 90:00:1504 91:00:1504 92:00:1504 93:00:1504 94:00:1504 95:00:1504 96:00:1504 97:00:1504 98:00:1504 99:00:1504 100:00:1504	\$1700	12/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, KIET TUAN	2881	250-492300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dickstein Shapiro LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hitachi, Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

PETER VEYTSMAN 45,920

Date December 22, 2006

Typed or printed name Mark J. Thronson

Registration No. 33,062

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/790,849-Conf. #1916
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 3, 2004
		First Named Inventor	Kunio Moriyama
		Examiner Name	K. T. Nguyen
TOTAL AMOUNT OF PAYMENT		(\$) 1,715.00	Attorney Docket No. K2020.0003/P003

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1073		Deposit Account Name: Dickstein Shapiro LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 = _____	x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 3 = _____	x _____	= _____		
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1501 Utility issue fee	1,400.00
1504 Publication fee for early, voluntary, or normal ...	300.00
8001 Printed copy of patent w/o color	15.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,082 / 45,920
Name (Print/Type)	Mark J. Thronson / Peter A. Veytsman	Telephone	(202) 420-4742
		Date	December 22, 2006